



Ferndale School District Student Registration Form

(Please print)

TODAY'S DATE: _____

Has your child ever attended Ferndale Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of school(s) attended: _____		Dates attended: _____	
Student LEGAL Last Name			LEGAL First Name	LEGAL Middle Name	Also Known As: _____
Birth date: (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pref. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Birthplace: City _____ State _____ Country _____	Grade: _____	
Ethnicity and Race Information – PLEASE SEE ADDITIONAL PAGE		If your child was born outside the United States: Date of Initial Enrollment in US Public School: _____ Number of Months of K-12 Schooling Outside US: _____		Primary Language at Home <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Military Survey <input type="checkbox"/> U.S. Armed Forces active duty <input type="checkbox"/> U.S. Armed Forces reserves <input type="checkbox"/> More than one member of Armed Forces/NatlGd <input type="checkbox"/> National Guard member <input type="checkbox"/> No affiliation					

#1 Primary Household					
STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Other _____					
HOME PHONE (WHERE STUDENT RESIDES) () _____ Unlisted <input type="checkbox"/>					
Primary Household (where student resides) Last Name _____ First Name _____ Cell Ph: _____ Email: _____ Wkplace: _____ Wk Ph: _____			EMERGENCY CONTACTS: If I cannot be reached or am unavailable to pick up my child FOR ANY REASON, I give permission to release my child to: #1 Name _____ Phone () _____ Relationship _____ #2 Name _____ Phone () _____ Relationship _____ #3 Name _____ Phone () _____ Relationship _____		
Primary Household (where student resides) Last Name _____ First Name _____ Cell Ph: _____ Email: _____ Wkplace: _____ Wk Ph: _____					
STREET ADDRESS WHERE STUDENT RESIDES STREET ADDRESS (INCLUDE APT #) CITY _____ ST _____ ZIP _____					
MAILING ADDRESS IF DIFFERENT FROM ABOVE STREET/PO Box # CITY _____ ST _____ ZIP _____					

#2 SECOND HOUSEHOLD RELATIONSHIP <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____					
Second Household - NOT student's residence LAST NAME _____ FIRST NAME _____ Cell Ph: _____ Email: _____ Wkplace: _____ Wk Ph: _____			Second Household Home Phone () _____ Unlisted <input type="checkbox"/>		
Second Household - NOT student's residence LAST NAME _____ FIRST NAME _____ Cell Ph: _____ Email: _____ Wkplace: _____ Wk Ph: _____			Second Household STREET Address (Street address City, State, Zip) Second Household MAILING Address (Street/Po Box, City, State, Zip)		
Second Household School Mailings Requested <input type="checkbox"/> Yes <input type="checkbox"/> No					

Name of School Last Attended	Name of School District	Previous School Address (Street/PO Box, City, State, Zip)
Previous School Phone: _____ Fax: _____		
Are there any unpaid fines or fees at your child's previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student ever attended Ferndale School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school attended	Date attended (month/year)

HEALTH INSURANCE

Does your child have health insurance? Yes No Provider: _____

Primary Physician: _____ Name: _____ Phone: _____

Has your child ever been under disciplinary action (suspension/expulsion/etc.) at another school? Yes No When? _____

Reason: _____

Does your child have a history of violent behavior? Yes No Explain: _____

Is there ANY court order(s) currently in effect pertaining to your child? (i.e., custody/parenting plans, school attendance orders, restraining orders, etc.) Yes No (If yes, legal papers must be on file with the school for enforcement)

Please Explain: _____

Has your child ever qualified for or received **SPECIAL EDUCATION** services? Yes - Last year services received: _____ No

Has your child ever qualified for or had a 504 plan? Yes No

Has your child ever received Title/LAP services? Yes No If yes, Math Reading

Has your child ever participated in: Gifted/Talented Title1 LEP/ELL Other _____

Has your child ever been retained? Yes No If yes, at what grade level(s) _____

Has your child ever received migrant services? Yes No

Does student attend childcare? Before school After school Before and after school

Child care provider	NAME	ADDRESS	PHONE NUMBER
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Additional child care arrangements (Please provide information to school in writing)

Please list other siblings attending Ferndale school district

LAST NAME	FIRST NAME	SCHOOL	GRADE

Consent for student's picture/video to be taken for news releases: Yes No

I wish to become a parent volunteer: Yes No

Permission for my phone number to be given to parent support group for projects: Yes No

VERIFICATION OF INFORMATION

The information on this form is true and accurate as of this date.
I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Ferndale School District.

LEGAL PARENT/GUARDIAN SIGNATURE _____ DATE _____

Do Not Write in Shaded Area - For Office Use Only					Walker: Y N	Rides Bus # _____	
Student ID#	Entry Date	Sch Entry Code	Waiver/Overflow	Court Order	Medical Alert	Locker #	Records Requested

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)				
	Hispanic	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07) <input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorean (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16)	<input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)	<input type="checkbox"/> Salvadoran (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) Hispanic/Latino Write In (H29)
RACE-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)			
	Pacific Islander	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)	<input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) Pacific Islander Write In (P21)
RACE-BLACK/AFRICAN-AMERICAN	Black/African American	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> _____ Black Write In (C02)			
	Caribbean	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08)	<input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)	<input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupean (B14) <input type="checkbox"/> Haitian (B15)	<input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) Caribbean Write In (B20)
	Central African	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep.) (B23) <input type="checkbox"/> Chadian (B24)	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)	<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/Seychelloise (B45) <input type="checkbox"/> Somali (B46)	<input type="checkbox"/> São Toméan (B29) <input type="checkbox"/> Príncipe (B30) Central African Write In (B31)
	East African	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)	<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauntius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48) <input type="checkbox"/> Ugandan (B49)	<input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) East African Write In (B53)
	Latin American	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Ecuadorean (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74)	<input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) Latin American Write In (B77)
	South African	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)	<input type="checkbox"/> Swazi (B82)	South African Write In (B83)
West African	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87) <input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)	<input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerian (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96)	<input type="checkbox"/> Senegalese (B97) <input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99) West African Write In (C01)	

over →

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00)	<input type="checkbox"/> Alaska Native Write In (N36)	<input type="checkbox"/> American Indian Write In (N37)
	Washington State Tribes	<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35)	
RACE-ASIAN	Asian	<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)	<input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)	<input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)
	Asian	<input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> Asian Write In (A27)		
RACE-WHITE	White	<input type="checkbox"/> White (W00)	<input type="checkbox"/> White Write In (W36)	
	Eastern European	<input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)	<input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)	
	Middle Eastern and North African	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)	<input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23)	
	Middle Eastern and North African	<input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31)	<input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> Middle Eastern Write In (W34) <input type="checkbox"/> North African Write In (W35)	

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____



STUDENT HEALTH INFORMATION

Information on this form is to be filled out (updated) for each new school year. Please complete this form and return to your school as soon as possible.

Name: _____ School Year: _____

School: _____ Grade: _____ Birthdate: _____

HEALTH CONDITIONS

Check if these apply to your child:

- ADD/ADHD (N₁): Diagnosed by _____
- Non-Life Threatening Allergies (E₁):
List: _____
- Asthma (R₁): Medication at school? Yes/No
- Autism Spectrum Disorder (NC):
Diagnosed by: _____
- Developmental Condition (NF): List _____
- Heart Condition (C₁): List _____
- Mental Health Condition (P₁): List _____
- Neuro/Brain injury (N₂): List _____
- Muscle/Bone (M₁): List _____
- Hearing or Vision Impairment (Y₁): List _____
- Other: Describe concerns _____

SPECIAL HEALTH CARE PLANNING

- Diabetes** (EK) **Date of diagnosis:** _____ **My child has:** insulin pump insulin pen insulin vial/syringe
- Seizure Disorder** (NP) My child needs **emergency** medication for seizures. *Name of medication: _____
- Special Health Care Planning** – My child has special health care needs such as – tube feedings, breathing tube, catheter, intravenous tubes or other. Treatment order **required**.
Please describe your child’s condition(s): _____
- Mobility Aids** – My child requires special mobility aids such as a wheelchair, walker. _____

LIFE THREATENING CONDITIONS

- Life threatening** (OB) condition Anaphylactic Allergy (epipen required) Critical Asthma (epipen required)
Allergen(s): _____
- Other** Life Threatening condition: _____

*Medication requires Authorization for Medications at School form and medication prior to attending school.

ALERT TO PARENTS/GUARDIANS: If your child has a **Life Threatening** health condition (for example, severe allergy with anaphylaxis, diabetes, severe asthma) you must meet/speak with the School Nurse **prior** to your child starting school. These conditions require an Individualized Health Plan (per RCW 28A.210.320). Contact your school to begin the process for a student health care plan and/or medications at school.

AUTHORIZATION FOR EMERGENCY PROCEDURE

If the parent/guardian and Licensed Health Care Provider named on the registration record cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child (properly accompanied) to the hospital or Licensed Health Care Provider most easily accessible. I understand that I will assume full responsibility for the payment of any service rendered.

The above checked health conditions may be shared with school personnel on a “need to know” basis.

Parent/Guardian Name: _____ Date: _____ Phone Number: _____

Please Print



Immunization Record Requirements

School Year 2021-2022

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

Sincerely,

Kellie Larrabee
Executive Director of Teaching & Learning



DOH 348-744 January 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name: _____

First Name: _____

Middle Initial: _____

Birthdate (MM/DD/YYYY): _____

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

X

X

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

Required Vaccines for School or Child Care Entry					
	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
▲ Required for School					
● Required Child Care/Preschool					
●▲ DTaP (Diphtheria, Tetanus, Pertussis)					
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)					
●▲ DT or Td (Tetanus, Diphtheria)					
●▲ Hepatitis B					
● Hib (<i>Haemophilus influenzae type b</i>)					
●▲ IPV (Polio) (any combination of IPV/OPV)					
●▲ OPV (Polio)					
●▲ MMR (Measles, Mumps, Rubella)					
● PCV/PPSV (Pneumococcal)					
●▲ Varicella (Chickenpox)					
<input type="checkbox"/> History of disease verified by IIS					

Recommended Vaccines (Not Required for School or Child Care Entry)

Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV/MPSV (Meningococcal Disease types A, C, W, Y)					
MenB (Meningococcal Disease type B)					
Rotavirus					

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

- A verified history of varicella (chickenpox) disease.
- Laboratory evidence of immunity (titer) to disease(s) marked below.

Diphtheria Hepatitis A Hepatitis B

Hib Measles Mumps

Rubella Tetanus Varicella

Polio (all 3 serotypes must show immunity)

▲

Licensed Health Care Provider Signature

Date

▲

Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____

Signature: _____

If verified by school or child care staff the medical immunization records must be attached to this document.

Date: _____

Instructions for completing the Certificate of Immunization Status (CIS): Print the form from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print out your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Fluceivax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib + IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menaetra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms 'enroll' and 'enrollment' include attending classes and participating fully in school activities.
- (2) The term 'homeless children and youths' —
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 - (B) includes —
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term 'unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

- http://center.serve.org/nche/ibt/parent_res.php
- <http://naehcy.org/educational-resources/naehcy-publications>
- <http://www.schoolhouseconnection.org/>

**Becca Notification and Attendance Requirements Agreement
Ferndale School District**

Student Information School Year

Student Name		Grad Year		Gender	
Student Number		Birthdate		Age	

Under state law (RCW 28A.225), students are required to attend school full-time, without unexcused absences, skips or tardies. When a student accumulates seven (7) days of unexcused absences in any month (one day consists of more than half a school day) or ten (10) days of unexcused absences in a school year may possibly result in a Becca Petition being filed with juvenile court where sanctions can be imposed. These sanctions may include essays, study club, community service, detention alternatives and detention. Parent fines may also be imposed of up to \$25.00 for each day of unexcused absence from school.

Communication

- I understand that for each day I have been absent from school, my parent/guardian will submit a written note, email or call the school within two (2) days of returning to school to have the absence excused.
- They must provide the reason for the absence.
- If no reason is provided or the reason does not meet the excused absence criteria which is defined in school Policy No. 3122P, the absence will be considered unexcused.

Unexcused:

- I understand that when I accumulate seven (7) days of unexcused absences in any month (one day consists of more than half a school day) or ten (10) unexcused absences in a school year, this will result in a Becca Petition being filed with juvenile court.
- I understand that if I miss twenty (20) consecutive days of school, I will be withdrawn from my school of attendance.

Excused:

- I understand that when I accumulate fifteen (15) days of excused absences in a year, a doctor's note may be required for every two days in a week of excused absences in order for them to be considered excused. Without a doctor's note, the absences may be considered unexcused.
- When twenty (20) consecutive absences have occurred, I will be withdrawn from school and a Becca Petition will be filed with juvenile court.

Withdrawal:

- I understand that if the School Secretary or Registrar does not receive a request for records within ten (10) days of my withdrawal, a Becca Petition will be filed with juvenile court.

Student Acknowledgement

I, _____, will attend all scheduled classes every day, on time, without any unexcused absences, skips or tardies.

Student or Legal Parent/Guardian Signature for student Date

Parent/Guardian Acknowledgement

With my/our signature/acceptance below as the Guardian(s) of _____, I/we agree to send him/her to school every day, on time without unexcused absences, skips or tardies.

Legal Parent/Guardian Signature Date Legal Parent/Guardian Signature Date

Excused absence criteria (Please refer to Policy No. 3122P for more details):

A. Participation in school-approved activity	B. Excused absences for chronic health condition
C. Absences due to illness, health condition, family emergency or religious purposes	D. Extended illness or health condition
E. Absences for parental-approved activities – REG Becca.2 Rev 6/2016	F. Absence resulting from disciplinary actions – or short-term suspension



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed</p>	<p>A RESPONSE OF A LANGUAGE OTHER THAN ENGLISH TO QUESTION #2 OR QUESTION #3 RESULTS IN AN ELL PLACEMENT TEST.</p> <p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>	
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)</p> <p>_____</p> <p>Month Day Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.





AFFIDAVIT OF STUDENT RESIDENCE

For the purpose of determining a student's legal residence relative to school attendance areas in Ferndale Public Schools, the legal definition of residence is as follows:

WAC 392-137-115 Student Residence-Definition. As used in this chapter, the term "student residence" means the physical location of a students' principal abode, i.e, the home, house, apartment, facility, structure or location, etc. – where the student lives the majority of the time.

The following shall be considered in applying this section:

- 1. The mailing address of the student—e.g., parent's address or post office box—may be different than the student's principal abode.*
- 2. The student's principal abode may be different than the principal abode of the student's parent(s).*
- 3. The lack of a mailing address for a student does not preclude residency under this section.*
- 4. If students are expected to reside at address for twenty consecutive days or more.*

A copy of a current electric or gas bill (sewer and/or water bills are not accepted as proof of address) with your name and current address must be attached in order to complete the registration process and have a scheduling packet available for your student.

I hereby certify, pursuant to the Washington Administrative Code (WAC 392-137-155 Definitions) that:

Name of student _____

Legally resides at _____

I understand that if it should be determined that the student does not reside at the above-listed address, he/she will be withdrawn from Ferndale School District.

Signature of Parent/Legal Guardian

Date

Print Parent/Legal Guardian Name

FERNDALE SCHOOL DISTRICT GUIDELINES AND RULES FOR STUDENTS RIDING BUSES

BUS RIDERSHIP IS A PRIVILEGE. The privilege can and will be revoked for disregarding the rules. Approximately 2,500 students are transported to and from school daily. In addition, students are transported to athletic contests, music competitions and performances, field trips and other approved activities. The following guidelines and rules are established to promote the safety and well being of students using Ferndale School District vehicles.

- **FOR THE SAFETY OF ALL KINDERGARTEN STUDENTS: A parent, guardian or approved responsible party must be present for a kindergarten student to be release from the bus.**

A. PRIOR TO LOADING

1. Be at the designated bus stop five minutes prior to scheduled pick-up time. The bus cannot wait for tardy students; it has a schedule to keep.
2. When it is necessary to walk along the roadway, walk on the left side of the road facing traffic. If there is a shoulder or sidewalk, use it.
3. When crossing the roadway, walk – do not run. Before stepping into the oncoming traffic lane, check in both directions. If the bus is present, cross at least 10 feet in front of the bus, not behind it – and always wait for the driver’s OK.
4. While waiting for the bus, stay off of the traveled portion of the roadway. Stand on the sidewalk, if there is one. Do not engage in horseplay. Respect the property of homeowners in the area. Do not run beside the bus when it is moving.
5. When loading, form a single line off of the road and wait quietly until the bus has come to a complete stop before moving toward it. Do not push or crowd.
6. Upon entering the bus, go directly to a seat, sit down, and remain seated.
7. If you miss the bus, return home. Make alternative arrangements for getting to school with your parent or guardian.

B. WHILE ON THE BUS

1. Obey the directions of the bus driver, including the assignment of seating, if required.
2. Do not stand or sit in the stepwell. Be seated while the bus is in motion facing forward with feet out of the aisle. Keep the aisle and front stepwell clear of books, lunches, coats, packages and musical instruments. When departing, remove all items which were brought onto the bus.
3. Conduct yourself in a manner that will not distract the driver or disturb other riders. While the bus is moving, do not talk to the driver except for important matters or emergencies.
4. Be quiet while the bus is approaching and crossing railroad tracks so the driver can listen for approaching trains.

(over)

5. Ride only your regularly assigned bus and leave the bus at your designated stop. Written permission or a phone call by your parent to the principal or designee, who will issue a bus pass to be given to the bus driver, is required to ride another bus or to get off at a different stop.
6. Report any bus damage to the driver. Students are responsible for the cost of repairs to buses and/or vehicles due to vandalism or misuse.
7. Obtain driver permission before opening a window. State law states that bus windows may be open no more than five inches (5"). Keep hands, head, legs, etc. inside of the bus at all times. Do not throw or pass objects through open windows.
8. Do not bring knives, sharp objects, glass items, firearms, or live animals on the bus. Do not bring large objects that cannot be held on a student's lap onto the bus. Objects that can come apart or create a mess if dripped should be in closed container (sack, box, etc.)
9. Use of profane language will not be tolerated. Use or possession of tobacco, alcoholic beverages, drugs or drug paraphernalia, or matches/lighters is not allowed on the bus and will result in a suspension from the bus for five (5) days or more. Possession of these items could result in suspension from school at the principal's discretion.
10. Deposit paper, food containers, and other unwanted objects in the trash container provided.
11. Use the fire extinguisher, first aid kit, and emergency door only in an emergency and with the permission of the driver or other authorized person. Do not sit in the driver's seat or touch any instruments on the dashboard.
12. Do not stand up until the bus has come to a complete stop. Leave the bus in an orderly manner with students in the front unloading first unless otherwise directed.

C. AFTER LEAVING THE BUS

1. When it is necessary to cross the road after unloading, cross at least 10 feet in front of the bus. Do not touch or jump over the cross arm. Before stepping into the lane used by oncoming traffic, look both ways to be sure no traffic is approaching from either direction. Glance at the driver, who will signal if it is not safe to cross. Walk, do not run, when crossing the roadway.
2. Do not loiter around the bus or run beside it when it is moving.
3. Do not throw balls, rocks or objects of any kind in the area of a school bus stop.
4. If there is a shoulder or sidewalk, use it. When it is necessary to walk along the roadway, walk on the left facing traffic.
5. After leaving the bus, go directly home.

PROCEDURES FOLLOWING INFRACTIONS

Safety is a primary concern. A Bus Conduct Report will be written for a student who does not follow these rules. The driver will give a copy of the report to the student who is to take it home, have a parent/guardian sign it, and return it to the driver before they will be allowed to ride the bus again. Transportation will fax or send a copy of the Bus Conduct Report to the principal who, after determining action to be taken, will return it to the bus driver. The principal may call the parent/guardian to discuss the infraction and the consequences. A copy of the form will be kept in the Transportation Department files.

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

FERNDALE SCHOOL DISTRICT NO. 502 ADMINISTRATIVE PROCEDURES TECHNOLOGY RESOURCES USE AGREEMENT

No. 2314 P-1 Attachment 1

Student Name: (Student Full Name)	Grade: (Student's Grade)	Student #: (Skyward Other ID)
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Parent or Guardian:

The students in Ferndale School District (FSD) have direct access to the Internet and the FSD network. With this privilege comes responsibility. All students must be informed of the rules regarding Internet and network use and agree to abide by these rules. The District utilizes software and content filtering to prevent students from accessing inappropriate online materials when they are connected to the district's network. When students take advantage of the opportunity to take their school issued devices home with them, parents/guardians are responsible for monitoring network access at home, and at other locations outside of school. At the request of a parent/guardian, the District will install a 24/7 filter on a student's device. To request such a filter, please contact the school office.

Users of the district's technology devices and network are required to sign a "Technology Resources Use Agreement". Please read and discuss this information with your student and sign electronically or on a paper copy. Parents and students will be required to complete the "Technology Resources Use Agreement" upon first technology usage (usually at elementary school level), at the beginning of each of the middle and high schools (grades six and nine), or when there is a change in the Technology Resources Use Agreement policy. Beginning in the 2021-2022 school year, students will use and keep the same device throughout their middle and high school.

Student Expectations:

The use of the district's devices and network is a privilege and inappropriate use may result in a cancellation of those privileges. Security on any computer system is a high priority, especially when the system involves many users. If the user identifies a security problem on the system, the user must notify staff and must not demonstrate the problem to other users. **Students are responsible for good behavior on school computers at all times, both in and out of school.**

Students shall return their device to school when he/she leaves the Ferndale School District. Every student is financially responsible for any damage to the device that may have occurred throughout the school year that had not been previously reported. Each family has the option to purchase technology device insurance at the beginning of a school year at \$25 per year (for a student who qualifies for reduced lunch, the cost is \$10 per year). The insurance will cover device damages and any repair costs.

The following information was extracted/adapted from the "Ferndale School District Board Procedure #2314 P-1 Technology Resources." Copies of the complete Board Policy No 2314 and accompanying Procedures are available on the FSD Website.

Personal Internet Safety:

1. **Do Not** reveal personal contact information about yourself (address, phone number, etc.) while online.
2. **Do Not** agree to meet people that you have been in contact with over the Internet without parent permission.
3. **Do Not** give out private or confidential information about yourself or others.
4. **Tell** your teacher or other school employee about any message you receive that is inappropriate or makes you uncomfortable.

Acceptable Use:

The primary use of the student account and equipment should be in support of education and educational research.

Unacceptable Use:

Examples of activities which are **NOT PERMITTED** include (but are not limited to):

1. Displaying sexually explicit, pornographic, obscene, lewd or other inappropriate messages or pictures.
2. Using obscene language or material.
3. Participating in offensive and/or threatening attacks via "Cyber Bullying" against individuals or groups.
4. Damaging computers, computer system or computer networks.
5. Violating copyright laws.
6. Using other users' passwords.
7. Trespassing on other users' work: systems, folders, work or files.
8. Excessive use of limited resources (beyond time authorized by administrators).
9. Engaging in personal email or free "web surfing" during school hours.
10. Employing the network for commercial, personal or political purposes.
11. Modifying software on district equipment or installing personal technology.
12. Accessing any computer not explicitly authorized for use.

Student Email:

Ferndale School District has created email accounts for all students, which includes email access if needed. FSD is providing this service because it is obligated, through e- rate and federal regulations; "To ensure that all students use computers, networks and communications (including e-mail) in schools for school related purposes in an appropriate manner." The mastery of effective and proper email communications is expected of FSD students and is embedded in the Washington State K-12 Essential Academic Learning Requirements and Grade Level Expectations in Educational Technology such as EALR2: Digital Citizenship, Component 2.3, which states that students should be able to "communicate with peers and teachers using email." Consequently, FSD students will be expected to utilize their FSD email account for district and school communication.

This account will be assigned to students as they enter the district and will be available for school/educational usage throughout their career in Ferndale School District. However, this account will only become "active" for student use beginning at 6th grade (earlier in the case of specific teacher request to be used in his/her classroom). In addition to email, this account will provide access to collaboration tools (word processor, calendar, spreadsheets), as well as other educational related tools.

Students should be cautious of emails received from unknown senders. With Email Phishing and Spyware on the rise, students should exercise caution on opening any attachment and/or links if you do not trust or know the sender. Don't reply to emails that ask for personal or financial information. Report any suspicious email to Tech Help Desk.

Student Signature (required)

I understand and will abide by the Technology Resources Use Agreement Policy and agree to use the network responsibly. I further understand that any violation of the regulations contained therein may result in disciplinary action and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action or appropriate legal action may be taken.

Student Full Name (please print) _____

Student Signature _____

Date _____

Parent or Guardian Permission (If student is under the age of 18, a parent or guardian must also read and sign this agreement)

As a parent or guardian of Student's Name, I have read the Technology Resources Use Agreement Policy. I understand that this access is designed primarily for educational purposes. I recognize that it is impossible for Ferndale School District to completely restrict access to offensive, inappropriate or other controversial information and materials available through Internet or other sources from the network, and I will not hold the school district responsible for information and materials obtained by this student from the network. I understand this agreement will be kept on file at the school.

I also understand that from time to time the teacher or school may wish to publish examples of student projects, unidentified photographs of student weather identified or unidentified may be posted on an Internet accessible server via staff, school or district website.

Please circle your responses

I have read and reviewed the Student/Parent Technology Handbook with my child and understand my responsibilities with respect to technology use in the Ferndale Schools.
(This document can be reviewed online at the FSD Website and each student will be reviewing this at the start of each school year)
Yes No

My child may use the Internet and email (with teacher supervision) at school according to the rules outlined.
Yes No

My child's photography may be published on the Internet for classroom/school purposes.
Yes No

My child's work may be published on the Internet for classroom/school purposes.
Yes No

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____

Date _____

****For additional information, please contact your student's principal or FSD Technology Department**
Implemented 10-12-1995 Revised 08-19-2021**



WCLS Library Card Application

for Kids, Teens, and Adults

05/2016

WHO CAN GET A CARD:

People who live, own property or work in Whatcom County, library card holders from communities with which WCLS has reciprocal borrowing agreements, and library card holders from Washington State jurisdictions that provide tax support for public library service. Other nonresidents must purchase a library card for an annual fee to borrow materials. Minors under 18 years of age may receive a library card with a parent or guardian signature. Parent/guardian signatures will not be required for minors who are demonstrably free of parental control, such as through marriage.

PERSONAL INFORMATION OF CARD APPLICANT:

Name (Last, First, Middle): _____

Birthdate: ____ - ____ - ____
 M M D D Y Y Y Y

Residential Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Library Card PIN (Last four digits of phone number unless you specify other number here):

I am 18 years or older

I am under 18 and my parent or guardian will be responsible for this account. Please see MINOR section.

FOR MINORS:

Please print the names of parents or guardians living at this address:

Parents, please choose ONE filter level for your child under 18

W0 No internet use at Library W1 Full internet use at Library W2 Filtered internet use at Library

LIST INDIVIDUALS THAT MAY PICK UP ITEMS ON HOLD FOR YOU:

SIGNATURE(S):

I agree to assume full responsibility for all materials checked out to me or my dependents, to promptly pay fines or charges for lost or damaged materials, and to give immediate notice if my card is lost or my address changes. I understand that failure to comply with WCLS policies may result in loss of borrowing privileges. I understand that WCLS and/or the Whatcom County Library Foundation (WCLF) may occasionally send me information about library programs and services. WCLS and WCLF will not share or sell my personal information

Adult (18 and over) or Parent Signature Child or Teen Signature (optional)

Staff: P/G ID ___ Alt Add ___ Filter Level ___ PUH Block ___ No email ___ Ph Notices in Eng ___ Span ___ ReadOn ___ Reg By ___ Checked ___